

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | | | |
|---|---|---|----------|
| PLAINTIFF <u>WILLIAM F. DAVIS, III</u> | | COURT CASE NUMBER <u>04-209-SLR</u> | |
| DEFENDANT <u>FIRST CORRECTIONAL MEDICAL, ET AL</u> | | TYPE OF PROCESS <u>O/C</u> | |
| SERVE ➡ | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>DR. ROBINSON / FIRST CORRECTIONAL MEDICAL</u> | | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>First Correction medical 6661 North Oracle Road Tucson, Arizona, 85704</u> | | |
| AT | | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: | | Number of process to be served with this Form - 285 | <u>1</u> |
| <u>WILLIAM DAVIS III</u> <u>1181 PADDOCK ROAD</u> <u>DELAWARE CORRECTIONAL CENTER</u> <u>SMYRNA, DE. 19977</u> | | Number of parties to be served in this case | <u>2</u> |
| | | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

FAUPER CASE

| | | | |
|---|---|--------------------------------|-----------------------|
| Signature of Attorney or other Originator requesting service on behalf of: <u>William F. Davis III</u> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER <u>N/A</u> | DATE <u>4/6/06</u> |
|---|---|--------------------------------|-----------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|--------------------|-------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
| | | No. _____ | No. _____ | | |

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

| | | | | | | |
|--|---|--|---|------------------|--------------------------------|------------------|
| Name and title of individual served (if not shown above) | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> FILED MAY 24 2006 U.S. DISTRICT COURT DISTRICT OF DELAWARE </div> | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. | | | |
| Address (complete only if different than shown above) | | | Date of Service <u>5/23/06</u> | Time am pm | | |
| | | | Signature of U.S. Marshal or Deputy <u>BSP</u> | | | |
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |

REMARKS:

Fcm does not accept service for individuals, only Fcm. Ret Unexecuted.